

Patient Instructions

Post-operative care of distal radius fracture with volar plate fixation

Background information:

- Fractures of the radius that are not aligned often require surgical intervention.
- The surgeon opens the skin to expose the broken bone, manipulates the bone fragments back into the correct positions, and then uses specially designed metal plates and screws to provide stability while the bone heals itself.
- The plates are typically left in place even after the healing process is complete. They do not rust or cause cancer. Most of the time they will not even set off the metal alarm at the airport. You can safely have an MRI with the metal plates in place.

Progression of treatment following surgery:

- The post-operative immobilization typically remains in place until suture removal at 10-14 days after surgery.
- At the time of post-operative cast removal, patients are often referred to hand therapy for a removable splint that is custom-made out of warm, molded plastic.
- At this time, patients may be referred to start supervised hand therapy. The hand therapy process will typically follow these guidelines:

• **First day after surgery**

- Active range of motion (AROM) of fingers and thumb
- Passive range of motion (PROM) of fingers and thumb
- Continue these exercises until you achieve full range of motion

• **2 weeks after surgery**

- Active range of motion (AROM) of wrist and forearm rotation
- Edema management and scar management

• **4-6 weeks after surgery**

- Continue all of above
- Add active-assisted range of motion (AAROM) of wrist

- Add active-assisted range of motion (AAROM) forearm rotation
- Begin weaning from the splint during very light activities

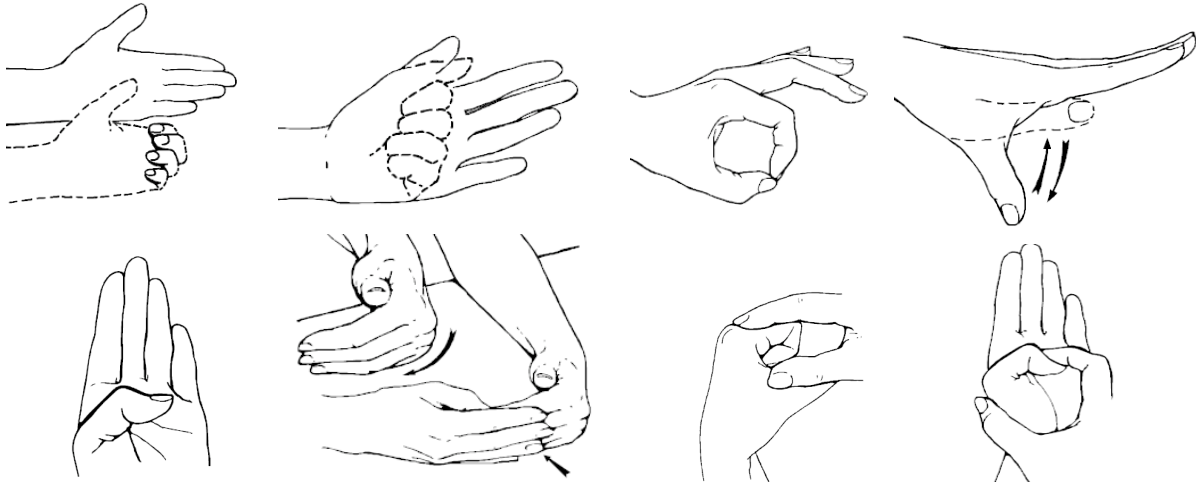
• **6-8 weeks after surgery**

- Add gentle passive range of motion (PROM) of wrist and forearm following radiographic evidence of healing
- Add gentle strengthening following radiographic evidence of healing
- Progress weaning of splint. Discontinue splint use by 8 weeks after surgery unless otherwise specified by your doctor.

This is not meant to be a substitute for formal therapy but rather to provide a basis to get started if the patient is unable to participate in formal therapy for any reason.

Active and Passive Range of Motion Exercises for fingers and thumb

(to begin the first day after surgery):



Active Range of Motion Exercises for wrist and forearm

(to begin 2 weeks after surgery):



Active-Assisted Range of Motion Exercises for wrist and forearm

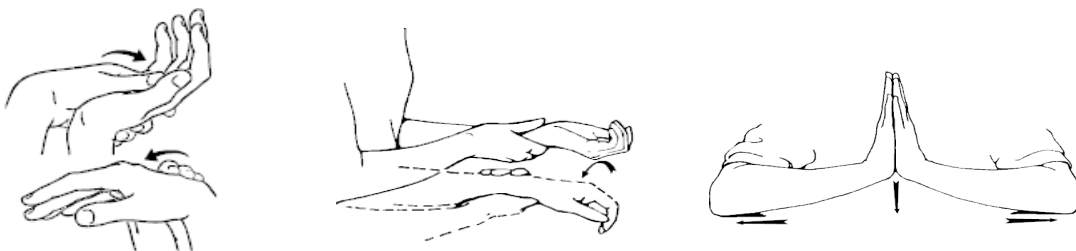
(to begin 4-6 weeks after surgery):

(Active-assisted range of motion means completing these exercises with gentle assistance from your other hand)



Passive Range of Motion Exercises for wrist and forearm

(to begin 6-8 weeks after surgery):



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Ongoing hand therapy services are offered at the following locations:

BWH/Faulkner Hospital

Hand and Upper Extremity Rehabilitation Clinic
Rehabilitation Services
1153 Centre Street
Boston, MA 02130
617-983-7271

Brigham and Women's Hospital

Rehabilitation Services
75 Francis Street
Boston, MA 02115
617-732-5301

Brigham and Women's Ambulatory Care Center

850 Boylston Street (Route 9)
Suite 200
Chestnut Hill, MA 02467
617-732-9525

Brigham and Women's/Mass General Health Care Center

20 Patriot Place
Foxborough, MA 02035
1-866-378-9164

Newton Wellesley Hospital

Rehabilitation Services
2014 Washington Street
Newton, MA 02462
(617) 243-6172

Massachusetts General Hospital GH Wang Ambulatory Care Center

Room 127 at MGH Main Campus
15 Parkman Street
Boston, MA 02114
617-726-2960

Massachusetts General Hospital

Yawkey Hand Clinic
Yawkey Center at MGH Main Campus
32 Fruit Street
Room 2105
Boston, MA 02114
617-643-0347

Resource to locate other Certified Hand Therapists:

Hand Therapy Certification Commission www.htcc.org



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